

Date Received
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MAR 19 2014

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
O'Loane Philip Gearhart
City Clerk
City of San Ramon, CA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of San Ramon
Division, Board, Department, District, if applicable
Your Position
Council Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County _____
- City of San Ramon
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2013, through December 31, 2013.
-or-
The period covered is ____/____/____, through December 31, 2013.
- Assuming Office: Date assumed ____/____/____
- Candidate: Election year _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left ____/____/____ (Check one)
○ The period covered is January 1, 2013, through the date of leaving office.
○ The period covered is ____/____/____, through the date of leaving office.

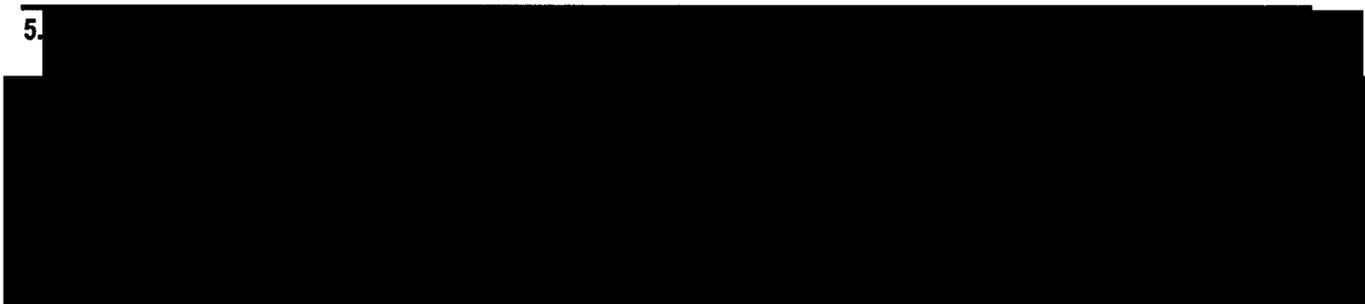
4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 14

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-
 None - No reportable interests on any schedule



Date Signed 03/17/2014
(month, day, year)

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FAIR POLITICAL
PRACTICES COMMISSION
14 APR - 1 PM 3:08

Phil O'Loane

Form 700 – year 2013

Additional Agencies:

Successor Agency Board Member

Housing Authority Board Member

**SCHEDULE D
Income – Gifts**

Name
Philip Gearhart O'Loane

▶ NAME OF SOURCE *(Not an Acronym)*
International Brotherhood of Electrical Workers

ADDRESS *(Business Address Acceptable)*
1875 Arnold Dr., Martinez, CA 94553

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 10 / 13	\$ 50.00	East Bay Council Lunc
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____